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| **Amendment/Addition/Deletion of Data** | | | |
| **Notes:**   1. Please send this completed form: 2. by email to [dpo@sma.org.sg](mailto:dpo@sma.org.sg) with the subject “**Amendment/Addition/Deletion of Data**” or 3. by post to **The Data Protection Officer** Singapore Medical Association 2 College Road Level 2, Alumni Medical Centre Singapore 169850 | | |  |
| **SMA/ MPS Account\*** Please delete where appropriate | **Type of information** | **Details** | |
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The particulars and information furnished by me herein and in all documents are true and accurate. SMA is hereby irrevocably and unconditionally authorized by me to contact any person to obtain and/or verify any information required by SMA, to retain all documents submitted by me.

\*Your SMA account information is mutually exclusive from Medical Protection Society (MPS) UK account information. Please update each set of information individually.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature / Date  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NRIC/Passport No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |